Primary Care Needs Assessment tool: indicator review

Google Chrome is advised to ensure this page displays/ functions as intended.

ⓘ You are now reviewing the PCNA indicator(s) for: **Prevalence of asthma**

ⓘ **Caution**: The information on this page is provided for testing purposes and may be subject to amendment. It may contain errors or not be fully reflective of consensus public health advice or relevant services, therefore should only be used with care.

Strategic context

ⓘ Consider the national strategic context for prioritising improvement action in this area (in conjunction with your health board's IMTP and Regional Partnership Board's Area Plan):

- About 65% of the DALYs due to chronic respiratory diseases are attributable to known risk factors (*Health and its determinants in Wales*; PHW 2018; link); this underpins the importance of prevention efforts.
- Key policy on respiratory conditions including asthma is set out in the *Respiratory health delivery plan 2018–2020* (WG 2018; link).

▼ ⓘ Tell me about: DALYs

What are DALYs?

- Disability-adjusted life years (DALYs) are a combined measure of early deaths (i.e. premature mortality) and disability-weighted impact on quality of live from living with poor health.
- Because DALYs capture both what kills us and what makes us ill, they describe the overall 'burden of disease' (reported by risk or condition) more effectively than mortality or disability prevalence does alone.

▼ ⓘ Tell me about: Prevention

Definitions:

- Zola's river analogy is a useful way of thinking about prevention of ill health (Zola 1970). It describes **primary** prevention (stopping everyone from falling into a river and coming to harm

e.g. never smoking), **secondary** prevention (ensuring any individuals at risk who do fall in get to safety quickly; minimising the chance of complications through early identification and intervention e.g. screening) and **tertiary** prevention (search-and-rescue for those taken downstream; mitigating the worst consequences of established disease e.g. vascular surgery).

- The Welsh Government definition of prevention is broader: working in **partnership** to co-produce the best outcomes possible, utilising the strengths and **assets** people and places have to contribute.

Building a healthier Wales (Feb 2019) sets out six key principles for implementing prevention in Wales:

- Adhere to the **five ways** of working (as outlined in the Well-being of Future Generation Act).
- Commit to investing in **evidence-based** interventions (where available or evaluate small and scale up if appropriate).
- Ensure evidence-based interventions have sufficient **scale** and **reach** to make a measurable population impact and to reduce inequalities.
- Ensure services are provided to a sufficient **quality** to achieve the best possible **outcomes** for each intervention; continually improve by drawing upon quality improvement techniques.
- Balance intervention benefits for **short and long-term** outcomes (including investing in one sector to realise a return in another).
- Optimise **value** by taking an agile approach to evaluating interventions and approaches and disinvesting in those that do not yield benefit/ value.

STEP B Improvement actions for GP practice cluster members

ⓘ Consider which of the following actions could be taken forward:

▼ Modify behavioural risk factors to prevent asthma or reduce exacerbations

- Optimise primary/ secondary preventive actions for smoking (BRF-001) in particular; also for unhealthy diet (BRF-002), physical inactivity (BRF-003) and alcohol misuse (BRF-004) as contributors to overweight and obesity (noting that exercise may also trigger asthma).
- Smoking significantly increases the risk of asthma in adults and significantly increases the risk of asthma exacerbations in adults and pregnant populations; passive smoke increases the risk of asthma in children (*Chest*. 2016 Jul;150(1):164–79).
- The importance of reducing these behavioural risk factors is reiterated in the *Respiratory health delivery plan 2018–2020* (WG 2018; link). Of particular relevance to primary care clinicians, the plan recommends action to improve referral rates to smoking cessation services and to the National Exercise Referral Scheme (NERS) or local exercise programmes.

▼ Modify clinical risk factors to prevent asthma or reduce exacerbations

- Optimise primary/ secondary preventive actions for high body mass index (childhood [CRF-002] and adult [CRF-003] obesity).
- There is a significant association between BMI and asthma among children and adolescents (*BMC Pediatr*. 2018 Apr 26;18(1):143). The nature of this association is unclear, but evidence indicates high BMI precedes development of asthma symptoms (*J Acad Nutr Diet*. 2013 Jan;113(1):77–105.).
- Higher asthma prevalence, and increased frequency of exacerbations and hospitalisation for asthma are reported; obesity is a risk factor for poor asthma control (*Surg Obes Relat Dis*. 2018 Dec 22. pii: S1550-7289(18)31082–7.).
- Weight loss in people with obesity and asthma may improve asthma-related outcomes (*Ann Am Thorac Soc*. 2019 Jan 3.).
- The *Respiratory health delivery plan 2018–2020* (WG 2018; link) notes obesity (together with smoking) is a major contributory factor to the levels of respiratory disease.

▼ Modify other risk factors to reduce asthma exacerbations

- As an ambulatory care-sensitive condition, when asthma is managed well and treated appropriately, severe acute exacerbations resulting in hospital admission can be avoided (The King's Fund 2012; link).
- Outdoor air pollution is associated with asthma exacerbations in children and adults (*PLoS One*. 2017 Mar 20;12(3):e0174050); exposure to indoor air pollution is greater in urban compared to rural areas, but may be associated with risk of asthma in both given the presence of differing pollutants (*Indoor Air*. 2010 Dec;20(6):502–14.).
- Avoidance of exacerbations would also include mitigating the contributory effects of unhealthy homes (WDH-002) and poor air quality (see NICE guidance below).

▼ Encourage uptake of vaccination against influenza to reduce comorbidity

- Optimise uptake of influenza vaccination (IDP-001).
- The *Respiratory health delivery plan 2018–2020* (WG 2018; link) notes people with asthma are at increased risk of serious influenza-related complications.
- People aged six months to less than 65 years with asthma (requiring regular inhaled steroids) were an eligible group within the National Influenza Immunisation Programme 2018-19 (WHC [2018] 023).

▼ Focus on improving detection of asthma

- Increased ascertainment of those at risk, with confirmation of a diagnosis of asthma, will affect prevalence proportion. Higher cluster prevalence may reflect one or more of higher population disease prevalence; opportunity to improve delivery of behaviour change interventions; opportunity to improve identification and/ or management of clinical risk factors; access to health care; or the effectiveness of case finding.

- The *Respiratory health delivery plan 2018–2020* (WG 2018; link) notes that studies suggest up to 30% of adults with a diagnosis of asthma have no clear evidence of it, while others suggest asthma may be under diagnosed. The plan advises integrating asthma diagnostic guidelines into clinical practice and the establishment of diagnostic hubs within primary care.

- For signposting to relevant NICE guidelines/ quality standards relating to detection of asthma as a source of potential improvement actions, see below.

▼ Focus on improving management of asthma to reduce exacerbations (and avoidable mortality)

- Improving the quality of asthma care will not lower prevalence, however, it may reduce the risk of complications/ future events; improve quality of life for the patient and their carers/ families; reduce inequity in health outcomes; or reduce (or increase) health and social care utilisation and costs.

- Indicator review for condition management (e.g. successful smoking cessation) is not included in the initial release of the PCNA tool; this is subject to improvements in PHW access to primary care data that would inform actionable intelligence.

- The *Respiratory health delivery plan 2018–2020* (WG 2018; link) notes the National Review into Asthma Deaths (NRAD) estimated around half of asthma deaths are potentially avoidable; the plan aims to support primary care with implementation of NRAD recommendations (e.g. ensuring all patients receive a comprehensive asthma review is a priority).

- For signposting to relevant NICE guidelines/ quality standards relating to management of asthma as a source of potential improvement actions, see below.

▼ Ensure awareness and implementation of NICE guidance/ quality standards

- *Asthma: diagnosis, monitoring and chronic asthma management*. NICE guideline [NG80] (Published date: November 2017) includes recommendations suitable for adoption by healthcare professionals. This guideline covers diagnosing, monitoring and managing asthma in adults, young people and children. It aims to improve the accuracy of diagnosis, help people to control their asthma and reduce the risk of asthma attacks. It does not cover managing severe asthma or acute asthma attacks. The investment and training required to implement the guideline will take time. In the meantime, primary care services should implement what they can of the recommendations, using currently available approaches to diagnosis until the infrastructure for objective testing is in place.

- *Asthma*. Quality standard [QS25] (Published date: February 2013; Last updated: September 2018) sets out five quality statements, any of which could form a focus for collective local

improvement action. This quality standard covers diagnosing, monitoring and managing asthma in children, young people and adults. It describes high-quality care in priority areas for improvement.

Improvement actions for wider cluster members

ⓘ Consider which of the following actions could be taken forward:

▼ Modify behavioural risk factors to prevent asthma or reduce exacerbations

- Optimise primary/ secondary preventive actions for smoking (BRF-001) in particular; also for unhealthy diet (BRF-002), physical inactivity (BRF-003) and alcohol misuse (BRF-004) as contributors to overweight and obesity (noting that exercise may also trigger asthma).
- Smoking significantly increases the risk of asthma in adults and significantly increases the risk of asthma exacerbations in adults and pregnant populations; passive smoke increases the risk of asthma in children (*Chest*. 2016 Jul;150(1):164–79).
- The importance of reducing these behavioural risk factors is reiterated in the *Respiratory health delivery plan 2018–2020* (WG 2018; link).

▼ Modify clinical risk factors to prevent asthma or reduce exacerbations

- Optimise primary/ secondary preventive actions for high body mass index (childhood [CRF-002] and adult [CRF-003] obesity).
- There is a significant association between BMI and asthma among children and adolescents (*BMC Pediatr*. 2018 Apr 26;18(1):143). The nature of this association is unclear, but evidence indicates high BMI precedes development of asthma symptoms (*J Acad Nutr Diet*. 2013 Jan;113(1):77–105.).
- Higher asthma prevalence, and increased frequency of exacerbations and hospitalisation for asthma are reported; obesity is a risk factor for poor asthma control (*Surg Obes Relat Dis*. 2018 Dec 22. pii: S1550-7289(18)31082–7.).
- Weight loss in people with obesity and asthma may improve asthma-related outcomes (*Ann Am Thorac Soc*. 2019 Jan 3.).
- The *Respiratory health delivery plan 2018–2020* (WG 2018; link) notes obesity (together with smoking) is a major contributory factor to the levels of respiratory disease.

▼ Modify other risk factors to reduce asthma exacerbations

- As an ambulatory care-sensitive condition, when asthma is managed well and treated appropriately, severe acute exacerbations resulting in hospital admission can be avoided (The King's Fund 2012; link).

- Outdoor air pollution is associated with asthma exacerbations in children and adults (*PLoS One*. 2017 Mar 20;12(3):e0174050); exposure to indoor air pollution is greater in urban compared to rural areas, but may be associated with risk of asthma in both given the presence of differing pollutants (*Indoor Air*. 2010 Dec;20(6):502–14.).

- Avoidance of exacerbations would also include mitigating the contributory effects of unhealthy homes (WDH-002) and poor air quality (see NICE guidance below).

▼ Encourage uptake of vaccination against influenza to reduce comorbidity

- Optimise uptake of influenza vaccination (IDP-001).

- The *Respiratory health delivery plan 2018–2020* (WG 2018; link) notes people with asthma are at increased risk of serious influenza-related complications.

- People aged six months to less than 65 years with asthma (requiring regular inhaled steroids) were an eligible group within the National Influenza Immunisation Programme 2018-19 (WHC [2018] 023).

▼ Ensure awareness and implementation of NICE guidance

- *Air pollution: outdoor air quality and health*. NICE guideline [NG70] (Published date: June 2017) includes recommendations suitable for adoption by a broad audience. This guideline covers road-traffic-related air pollution and its links to ill health. It aims to improve air quality and so prevent a range of health conditions and deaths.

- *Air pollution: outdoor air quality and health*. Quality standard [QS181] (Published date: February 2019) sets out five quality statements, any of which could form a focus for collective local improvement action [see especially Statement 4: Advice for people with chronic respiratory or cardiovascular conditions]. This quality standard covers road-traffic-related air pollution and its impact on health. It describes high-quality actions in priority areas for improvement.

- *Community pharmacies: promoting health and wellbeing*. NICE guideline [NG102] (Published date: August 2018) includes recommendations suitable for a broad audience. This guideline covers how community pharmacies can help maintain and improve people's physical and mental health and wellbeing, including people with a long-term condition. It aims to encourage more people to use community pharmacies by integrating them within existing health and care pathways and ensuring they offer standard services and a consistent approach. It requires a collaborative approach from individual pharmacies and their representatives, local authorities and other commissioners.

STEP D

What is happening in Wales?

ⓘ Consider whether shared learning/ local experience might guide your own implementation of the evidence:

▼ **Employ a respiratory nurse specialist**

- *What problem was being addressed?* Need to ensure appropriate management of people with asthma.
- *What was done to address it?* Our Respiratory Nurse focuses on the management of asthma care, providing education and training to Practice Nurses in order to standardise asthma care and to improve quality. To date figures for patients who have had more than 12 Ventolin inhalers in a year are showing a downward trend. The respiratory nurse is integrated with Secondary Care services working within the service for one day per week; they discuss difficult asthma cases weekly with the asthma lead Consultant and these are reviewed in the Secondary Care asthma clinic.
- *Who did it or who can be contacted in the event of queries?* Tywi Taf (2ts) cluster (Kerry Phillips; Victoria Edwards).
- *Source?* Primary Care Clusters 2019 (yearbook) [link].

▼ **Placeholder project description**

- *What problem was being addressed?* Placeholder.
- *What was done to address it?* Placeholder.
- *How does this evidence good practice?* Placeholder.
- *What key learning can be shared?* Placeholder.
- *Who did it or who can be contacted in the event of queries?* Placeholder.

ⓘ Have something to share? Please let us know here.

ⓘ **Caution**: Any text entered into the following sections will not be saved if you navigate away from this page, or close the browser window before selecting PRINT.

What do you know about community views on this?

ⓘ Consider any relevant citizen/ community voice information (e.g. from surveys, complaints, engagement events, or your health board's well-being or population needs assessments). Summarise this into the following box:

Type here

What assets or partnership opportunities can you identify?

ⓘ Consider any relevant local assets or potential partner organisations that might facilitate co-production. Summarise this into the following box:

Type here

Do you need more data before making a decision?

ⓘ If relevant, consider any additional data (or information) requirements that might ensure a more informed decision on determining action. Summarise this into the following box:

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What is your provisional decision?

ⓘ Having reviewed indicator data on local needs and considered evidence-informed quality improvement options, please record initial thoughts on proposed actions. You may also wish to record related thoughts around potential service models, capacity requirements, workforce development or financial considerations. Ideally, discuss these with both the wider cluster and with your local public health team (LPHT). Summarise your proposals for action into the following box:

Type here

ⓘ Now PRINT this page (e.g. to PDF) so you have a record of your entries (Steps E-H). You may then close the Print view browser window and return to the PCNA workbook to review another indicator.